

## General

### Title

Assessment and management of chronic pain: percentage of chronic pain patients who are referred to diagnostic and/or therapeutic procedures if the goals for pain control or functional status have not been met.

### Source(s)

Hooten WM, Timming R, Belgrade M, Gaul J, Goertz M, Haake B, Myers C, Noonan MP, Owens J, Saeger L, Schweim K, Shteyman G, Walker N. Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 105 p. [168 references]

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of chronic pain patients age 18 years and older who are referred to diagnostic and/or therapeutic procedures if the goals for pain control or functional status have not been met.

### Rationale

The priority aim addressed by this measure is to improve the appropriate use of Level I and Level II treatment approaches for patients age 18 years and older with chronic pain.

Level I treatment encompasses the standard approaches to the treatment of chronic pain including pharmacologic management, intervention management, non-pharmacologic management and complementary medicine management. These treatment approaches should be implemented as first steps

towards rehabilitation before Level II treatments are considered. Level II treatment includes referral for multidisciplinary pain rehabilitation or surgery for placement of a spinal cord stimulator or intrathecal pump. Level II treatments may be effective interventions for patients with chronic pain who have failed more conservative treatment options. Level II treatments are designed for the most complex and challenging patients with chronic pain.

Commonly performed interventional procedures are categorized as Level I (diagnostic and therapeutic) and Level II (palliative). Many of the Level I procedures provide both diagnostic and therapeutic benefits, while Level II interventions are reserved for patients who have failed conventional treatment.

Diagnostic procedures are used to identify neural or musculoskeletal structures that are the source of the patient's pain symptoms. Examples of commonly performed diagnostic procedures include sacroiliac joint injection, transforaminal epidural injection, and discography. Therapeutic procedures are used to alleviate or reduce pain and should be used in conjunction with a comprehensive treatment plan. Ideally, choice of procedure should be done in consultation between the primary care provider and pain specialist. Examples of commonly used therapeutic procedures are facet joint injection, percutaneous radiofrequency neurotomy, epidural corticosteroid injections, transforaminal epidural injection, and sacroiliac joint injection.

## Evidence for Rationale

Hooten WM, Timming R, Belgrade M, Gaul J, Goertz M, Haake B, Myers C, Noonan MP, Owens J, Saeger L, Schweim K, Shteyman G, Walker N. Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 105 p. [168 references]

## Primary Health Components

Chronic pain; pain control; functional status; diagnostic procedures; therapeutic procedures

## Denominator Description

Number of patients age 18 years and older diagnosed with chronic pain and whose pain control and functional status goals have not been met (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Number of patients who are referred to diagnostic and/or therapeutic procedures if the goals for pain control or functional status have not been met

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

## Additional Information Supporting Need for the Measure

Chronic pain affects at least 50 million adults a year. Prevalence in primary care settings range from 5% to 33% and often imposes upon clinicians the responsibility of managing a substantial disability that can be exacerbated by a patient's distress. Due to its prevalence, the cost of chronic pain is substantial; it

has been estimated at \$70 billion per year. Chronic pain has the ability to disable and significantly decrease the quality of life for the individual and his or her support systems; the financial and personal cost to those who are affected by chronic pain is significant (Reid et al., 2002; Olsen & Daumit, 2002).

## Evidence for Additional Information Supporting Need for the Measure

Hooten WM, Timming R, Belgrade M, Gaul J, Goertz M, Haake B, Myers C, Noonan MP, Owens J, Saeger L, Schweim K, Shteyman G, Walker N. Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 105 p. [168 references]

Olsen Y, Daumit GL. Chronic pain and narcotics: a dilemma for primary care. J Gen Intern Med. 2002 Mar;17(3):238-40. [PubMed](#)

Reid MC, Engles-Horton LL, Weber MB, Kerns RD, Rogers EL, O'Connor PG. Use of opioid medications for chronic noncancer pain syndromes in primary care. J Gen Intern Med. 2002 Mar;17(3):173-9. [PubMed](#)

## Extent of Measure Testing

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

### Statement of Acceptable Minimum Sample Size

Unspecified

## Target Population Age

Age greater than or equal to 18 years

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Living with Illness

## IOM Domain

Effectiveness

# Data Collection for the Measure

## Case Finding Period

The time frame pertaining to data collection is monthly.

## Denominator Sampling Frame

Patients associated with provider

## Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

Inclusions

Number of patients age 18 years and older diagnosed with chronic pain and whose pain control and functional status goals have not been met

Note: Diagnoses that may be related to chronic pain include cervical and lumbar pain, headache, myalgia and myositis, low back pain, neck pain and fibromyalgia. Refer to the original measure documentation for suggestions on identifying other International Classification of Diseases, Ninth Revision or Tenth Revision (ICD-9/ICD-10) codes.

Exclusions

Unspecified

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

Inclusions

Number of patients who are referred to diagnostic and/or therapeutic procedures if the goals for pain control or functional status have not been met

Exclusions

Unspecified

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Electronic health/medical record

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Percentage of chronic pain patients who are referred to diagnostic and/or therapeutic procedures if the goals for pain control or functional status have not been met.

### Measure Collection Name

Assessment and Management of Chronic Pain

### Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

### Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

### Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

### Composition of the Group that Developed the Measure

*Work Group Members:* W. Michael Hooten, MD (*Work Group Co-Leader*) (Mayo Clinic) (Anesthesiology);

Richard Timming, MD (*Work Group Co-Leader*) (HealthPartners Medical Group and Regions Hospital) (Physical Medicine and Rehabilitation); Miles Belgrade, MD (Fairview Health Services) (Neurology); James Gaul, MD (Fairview Health Services) (Internal Medicine); Kelly Schweim, PharmD (Fairview Health Services) (Pharmacy); Neal Walker, RPh (Fairview Range Regional Health Services) (Pharmacy); Michael Goertz, MD, MPH (HealthPartners Medical Group and Regions Hospital) (Occupational Medicine); Bret Haake, MD (HealthPartners Medical Group and Regions Hospital) (Neurology); Mary Pat Noonan, PhD, ABPD (HealthPartners Medical Group and Regions Hospital) (Psychology); Louis Saeger, MD, FACPM (Midwest Spine Institute) (Anesthesiology); Galina Shteyman, PharmD (Park Nicollet Health Services) (Pharmacy); Cassie Myers (Institute for Clinical Systems Improvement [ICSI]) (Clinical Systems Improvement Facilitator); Jacob Owens, MPH (ICSI) (Project Manager)

## Financial Disclosures/Other Potential Conflicts of Interest

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In 2010, the ICSI Conflict of Interest Review Committee was established by the Board of Directors to review all disclosures and make recommendations to the board when steps should be taken to mitigate potential conflicts of interest, including recommendations regarding removal of work group members. This committee has adopted the Institute of Medicine Conflict of Interest standards as outlined in the report *Clinical Practice Guidelines We Can Trust* (2011).

Where there are work group members with identified potential conflicts, these are disclosed and discussed at the initial work group meeting. These members are expected to recuse themselves from related discussions or authorship of related recommendations, as directed by the Conflict of Interest committee or requested by the work group.

The complete ICSI policy regarding Conflicts of Interest is available at the [ICSI Web site](#)

### Disclosure of Potential Conflicts of Interest

Miles Belgrade, MD (Work Group Member)

Medical Director, Neurology, Fairview Health Services

National, Regional, Local Committee Affiliations: None

Guideline Related Activities: Mayo Clinic Diabetic Neuropathy Pain guideline

Research Grants: Money paid directly to institution from Rummler Foundation

Financial/Non-Financial Conflicts of Interest: Money paid previously by Purdue Pharma directly to work group member

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National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None

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Financial/Non-Financial Conflicts of Interest: None

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National, Regional, Local Committee Affiliations: None

Guideline Related Activities: ICSI Low Back Pain guideline work group member, Mayo Clinic Diabetic Neuropathy Pain guideline work group member

Research Grants: Rummler Hope Foundation money paid to institution for opioid addiction awareness

Financial/Non-Financial Conflicts of Interest: Purdue Pharma money paid to work group member and institution

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Guideline Related Activities: ICSI Low Back Pain guideline work group member, ICSI Acute Pain Assessment and Opioid Prescribing protocol work group member

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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National, Regional, Local Committee Affiliations: None

Guideline Related Activities: ICSI Opioid Protocol work group member

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: ICSI Low Back Pain guideline work group member

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2013 Nov

## Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

## Date of Next Anticipated Revision

The next scheduled revision will occur within 24 months.

## Measure Status

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Nov. 112 p.

The measure developer reaffirmed the currency of this measure in January 2016.

## Measure Availability

Source available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)

For more information, contact ICSI at 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; Phone: 952-814-7060; Fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org) ; E-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## NQMC Status

This NQMC summary was completed by ECRI Institute on March 18, 2013.

This NQMC summary was updated by ECRI Institute on May 28, 2014.

The information was reaffirmed by the measure developer on January 13, 2016.

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## Production

### Source(s)

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